

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2						
3						
4						
5						
6						
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9						
10						
11	4					
12						
13	4					
14	4					
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	31	↔	↔	↔		
TOTAL CLAIMS	34	██████████	██████████	██████████	██████████	██████████

1	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS	34	██████████	██████████	██████████	██████████	██████████